CALIFORNIA HAZARDOUS WASTE MANIFEST 1 Manifest 0 See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Number Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 GENERATOR (Generator Must Complete) (3) Designated TSD Facility (Authorized to operate under an Alternate TSD Facility 999000931 approved state program or federal program) ALUMINUM COMPANY OF AMERICA CHEMICAL WASTE MANAGEMENT INC. OPERATING INDUSTRIES, INC. **VERNON WORKS** (2) Name 0 0 0 6 4 0 0 181010 EPA NO. EPA NO. EPA NO. Address\_P.O. Box 1104, 430 W. Elm Ave. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Address 5151 Alcoa Ave. Coalinga, Ca. 93210 City, State, Zip Vernon. Ca. 90058 Monterey Park, Ca. City, State, Zip City, State, Zip \_ UN/NA ID NO. U.S. DOT U.S. DOT PROPER SHIPPING NAME VOLUME HAZARD CLASS **CONTAINERS NUMBER: \_** TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE □ OTHER Aluminum Fabrication (8) GENERATING PROCESS (6) WASTE CATEGORY (7) EX. HAZ. WASTE PERMIT NO. \_\_\_ CONC. RANGE LIST COMPONENTS: UNITS LOWER UNITS (9) □ % □ ppm. □ % □ ppm. □% □ ppm. □ % □ ppm. □ % □ ppm. □ % □ ppm. (10) WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☐ Sensitizer ☐ Carcinogen/Mutagen ☐ Corrosive/Irritant ☐ Reactive 🛛 Other Aluminum Oxides & Water X Liquid □ Slurry X Sludge ☐ Gas (12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves Other\_ □ Goggles Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) ASBURY OIL CO. (14) NAME (15) PICK-UP DATE |C|A|D|0|2|8|2|7|7|0|3|6| EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 ADDRESS カーシロスト Gardena, California 90249 CITY, STATE, ZIP Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUSI COMPLETE) HANDLING OR DISPOSAL METHOD: EPA NO. ☐ Surface Impoundment ☐ Landfill PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) \_ SHIPMENT: ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY (22) NAME EPA NO.